


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90180 037 ****70.00

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DOCUMENT # 704774					
1. Entity Name ISLAND MISSIONARY SOCIETY, INC.					
Principal Place of Business P.O. BOX 725 EPHRATA, PA 17522		Mailing Address P.O. BOX 725 EPHRATA, PA 17522			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6159371	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BURKHOLDER, HARVEY Z 3610 DUFFER ROAD SEBRING, FL 33872			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURKHOLDER, HARVEY	NAME			
STREET ADDRESS	125-A S. RIDGE ROAD, BOX 173	STREET ADDRESS			
CITY-ST-ZIP	REINHOLDS, PA 17569	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRABAKER, HENRY	NAME			
STREET ADDRESS	411 SPRUCE CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	MOUNTVILLE, PA 17554	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	C/P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MERRITT, WILLIAM	NAME			
STREET ADDRESS	17 GLENN SCHOOL RD	STREET ADDRESS			
CITY-ST-ZIP	SANDY LAKE, PA 16145	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WENGER, PAUL	NAME			
STREET ADDRESS	247 N. REAMSTOWN RD.	STREET ADDRESS			
CITY-ST-ZIP	DENVER, PA 17517	CITY-ST-ZIP			
TITLE	CPD <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EARL, GRAY	NAME			
STREET ADDRESS	1070 OVERCREST DR	STREET ADDRESS			
CITY-ST-ZIP	CROWNSVILLE, MD 21032	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOOD, N. SANDFORD	NAME			
STREET ADDRESS	932 BUCKWALTER ROAD	STREET ADDRESS			
CITY-ST-ZIP	LITITZ, PA 17593	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Paul W. Wenger</i> PAUL W. WENGER		1/20/06		(717) 336-2435	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	